STATEMENT OF

RECEIVED T

FORM 1	ORGANIZATION									2 OCT 3 I ƩMAN		12: 00 NTER
NAME OF COMMITTEE (in full)		(Check if name Example: If typing, type is changed) over the lines.				type	12FE4M5					
WEST VIR	GINIA	REPU	BLICA	AN L	EAC	ERSI	IIP F	EDE	RAL	СОМІ	MIT	ree
		 										
ADDRESS (number and street)		P. O.	BOX	7412	274							لب
(Check if address is changed)		BOY	TON	BE/	\CH			FL	3	3474	J- <u>L</u> _	<u>ш</u>
				CIT	Υ			STATE		ZIP (ODE	
COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address) Republican Leadership Committees @yahoo.com (Check if address is chaeged)												
COMMITTEE'S WEE	B PAGE ADD	DRESS (URL	.)									
(Check if is change	address	<u></u>		11.			<u></u>					لبب
2. DATE 10" ' 24" ' 2012 '												
3. FEC IDENTIFICATION NUMBER C												
4. IS THIS STATE	MENT X	NEW (N	i) Oi	R		AMENDE	D (A)					
I certify that I have	examined th	is Statement	and to the	best of	my kno	wledge and	belief it	is true, c	orrect ar	nd complete.		
Type or Print Name	of Treasurer	EDV	VARD	BUS	SH							
Signature of Treasurer Reducand Bush Date 10° 24° 20°12°												
NOTE: Submission of false, emoneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.												
Office Use				<u>-</u>	Fed	further Info leral Election Free 800-42	Commissio		· <u>-</u>	FEC F(•